


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known	
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Application Number	10/716,627-Conf. #6347
		Filing Date	November 20, 2003
		First Named Inventor	Koichi FUJISAWA
		Examiner Name	P. D. Mulcahy
		Art Unit	1713
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	0020-5197P

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							Small Entity
							Fee (\$)
							Fee (\$)
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
2. EXCESS CLAIM FEES							
Fee Description							
Fee (\$)							
Fee (\$)							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
5		- 20 = 0		x 50.00 =		0.00	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
1		- 3 = 0		x 200.00 =		0.00	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
_____		- 100 = _____		/50 (round up to a whole number) x _____		= _____	
4. OTHER FEE(S)							
Fee Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							
120.00							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,868
Name (Print/Type)	Andrew C. White	Date	September 29, 2006